



State Of California  
California Commission On Teacher Credentialing  
Box 944270  
1900 Capitol Avenue  
Sacramento, CA 94244-2700

Telephone:  
(916) 445-7254 or (888) 921-2682  
E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
Web site: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## RENEWAL & REISSUANCE APPLICATION

For the Renewal of Clear, Professional, and Professional Clear Credentials,  
and the Reissuance of Emergency Permits

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Remove this instruction section before you submit your application and keep it with a photocopy of the complete application packet until your credential is in your possession.

Please complete all sections of this application accurately. Be sure to answer all questions in Section 4 — Personal and Professional Fitness.

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### 1. PERSONAL INFORMATION

Type or print all information requested on this application form. Use your full legal name and be sure to list all former names, including your maiden name. Be sure to notify us in writing of an address change and include your full name and social security number (SSN) so that we can quickly locate your file.

The California Information Practices Act and the Federal Privacy Act provide that agencies requesting information indicate the principal purposes for which that information is used. Your name, former names, social security number, date of birth, address, and telephone numbers are used to provide proper identification of your file and to contact you. Other information is used to determine your eligibility.

With the exception of your SSN and home address, information displayed on the documents you hold or have held is public information and may be disclosed. In addition, pursuant to Education Code section 44230 the Commission may disclose with past, present, or prospective employers or institutions of higher education all information provided with applications submitted by you through those agencies. Information may also be disclosed to other State or Federal agencies as authorized by law. Personal information may be disclosed to the public only with your permission or in accordance with the law. The information is necessary for the Commission to perform its duty under Education Code Sections 44200-44439, which authorize this work. If not furnished, your application may be denied, delayed, or returned for completion. You are required to provide a social security number or federal tax identification number on your application pursuant to 42 USC §666 and California Family Code §17520.

You have a right to review personal information maintained on you by our agency unless access is exempted by law. The Director of Certification, Assignment, and Waivers Division, 1900 Capitol Avenue, Sacramento, California 95814, (916) 445-7254, is responsible for the maintenance of this information.

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### 2. TYPE OF CREDENTIAL

Select the Type of Credential you are applying for by checking the appropriate box.

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### 3. PROFESSIONAL CLEAR CREDENTIAL RENEWAL SELF-VERIFICATION

If you are renewing a professional clear credential, you may either complete the self-verification in this section or submit all of the supporting materials with this application.

If you choose to self-verify the completion of your professional growth activities, you may be subject to an audit. If the audit determines that you did not complete the professional growth requirements, your credential will not be renewed and you may be subject to adverse action on other credentials you currently hold. You must retain your Professional Growth Plan and Record form and Verification of Successful Service (if applicable) for one year following the submission of this application.

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### 4. PERSONAL AND PROFESSIONAL FITNESS / OATH & AFFIDAVIT

You are required to answer all questions. If you answer yes to a question, you must submit a full explanation on a separate sheet of paper. You must submit a complete explanation each time you apply for a credential.

You are required to disclose all criminal convictions (misdemeanors and felonies) including convictions based on a plea of no contest. You must disclose a conviction no matter how much time has passed and even if the case has been dismissed pursuant to Penal Code Section 1203.4.

Warning: Failure to disclose information or providing false or deceitful answers could lead to criminal prosecution, denial of your application, and/or adverse action on other credentials you currently hold.

Please complete this section and certify (or declare) under penalty of perjury under the laws of California that all the foregoing statements in this application are true and correct by signing the oath.

Form 41-REN (Rev. 4/04)

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## Additional Information

### FEES

Attach a certified check or money order for the total amount to the front of the application. A personal check is acceptable if you are mailing the application directly to the Commission. Make checks payable to the California Commission on Teacher Credentialing. See the fee schedule (CL-659) to determine the correct amount. If you are applying through a county office of education or school district office, you might be asked to make the check payable to that agency so that they can submit a single check to us for all of their applicants. The application fee is considered earned when the application is received and is not refundable (Reference: Title 5, California Code of Regulations, Section 80487). A service charge will be assessed for a check that does not clear the bank. Your application and fee remain valid for one year.

Title 5, California Code of Regulations, Section 80443, sets a minimum processing time for completed applications. Applicants not notified of their credential status within 75 working days after the Commission receives the application have the right to file an appeal, in writing, with the Executive Director of the Commission for a refund of the filing fee. Applications delayed by a Commission appeal, Professional Standards review, or fingerprint processing are not subject to the 75-day restriction. The Commission may deny the refund request if the Commission's application workload exceeds by 15 percent the number of applications processed in the same quarter of the previous year, or if other statutory mandates cause an unforeseeable delay in application processing.

Request a return receipt through the post office when you mail the application packet if you would like notice that your application form was received by the Commission.

If you need additional information about credentialing in California or about filing your application, you may write, telephone, or e-mail the California Commission on Teacher Credentialing at the address on the top of the instructions. Additional application forms and information are also available at county offices of education, school district offices, and in the education offices at colleges and universities with Commission-accredited professional preparation programs.

### ISSUANCE DATES

The issuance date of a credential, certificate, or permit is based upon either the initial date of service as determined by the employer, the completion date of a program as determined by the recommending institution or agency, or the fee date the Commission received the application. The Commission will honor the issuance date established by the employing or recommending agency or institution of higher education as long as the applicant is eligible for the document on the date indicated and the application was submitted within the submission deadline, as established in California Code of Regulations, Title 5 §80440 (b) and (c), outlined below.

If a first time or new type of application is submitted directly to the Commission by an individual, the issuance date of the credential, certificate or permit will be the date the application was received by the Commission.

If the application is for renewal and the application is received on or before the expiration date of the document being renewed, the Commission will use the expiration date of the old document as the issuance date for the new document. If the application is for renewal and the application is received after the expiration date of the document being renewed, the issuance date on the new document will be the date the application was received by the Commission.

### APPLICATION SUBMISSION DEADLINE

As indicated in California Code of Regulations Title 5 §80440 (b) and (c), applications submitted through an employing agency or recommending institution must be received by the Commission within four months from the requested issuance date of the credential. If the application is received after the four-month deadline, the date of issuance of the credential, certificate or permit will be the date the application was received by the Commission.

Applications with fingerprint cards attached must be submitted to the Commission within 45 working days from the requested issuance date of the credential, certificate or permit. If the application requiring fingerprint clearance is received by the Commission after the 45-day deadline, the issuance date of the credential, certificate or permit will be the date the application was received by the Commission.

Applications are processed by certification staff in the order in which they are received.

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Before you seal the envelope have you enclosed:

- ☐ Application (41-REN) form
- ☐ Supporting materials, when applicable
- ☐ Current fees

Please be sure that all sections have been completed and the oath signed.

**RENEWAL AND REISSUANCE APPLICATION**  
(For Privacy Act Notification See Instructions)

Mail to: STATE OF CALIFORNIA  
CALIFORNIA COMMISSION ON TEACHER  
CREDENTIALING  
BOX 944270 (1900 Capitol Avenue)  
SACRAMENTO, CALIFORNIA 94244-2700

☐ Appeal: CTC or RGA \_\_\_\_\_  
☐ Route to \_\_\_\_\_

<b>Commission Use Only: Fee Information</b>			County/District/Use Only
APP	FP		
OTHER			
		CCTC Use Only	Issuance Date: _____

**1. PERSONAL INFORMATION (Type or print)**

Social Security Number:  -  -

Date of Birth  -  -   
Month Day Year

Applicant's Full Legal Name:

First	Middle	Last

Mailing Address

City State ZIP Code

All Former/Maiden Name(s): \_\_\_\_\_ County of Employment \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Work Phone (     ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**2. SELECT TYPE OF CREDENTIAL**

<p><b>Substitute Permits</b></p> <p><input type="checkbox"/> 30-Day Substitute <input type="checkbox"/> Prospective Substitute <input type="checkbox"/> Career Substitute</p> <p><b>Emergency Permits &amp; Interns</b></p> <p><input type="checkbox"/> Multiple Subject <input type="checkbox"/> English Learner Auth <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD Specify language for BCLAD _____</p> <p><input type="checkbox"/> Single Subject Specify subject _____ <input type="checkbox"/> English Learner Auth <input type="checkbox"/> CLAD <input type="checkbox"/> BCLAD Specify language for BCLAD _____</p> <p><b>Clear and Professional Clear Renewals</b></p> <p><input type="checkbox"/> Multiple Subject <input type="checkbox"/> Single Subject <input type="checkbox"/> General <input type="checkbox"/> Standard</p>	<p><b>Emergency Permits &amp; Interns</b></p> <p><input type="checkbox"/> Education Specialist <input type="checkbox"/> Mild/Moderate Disabilities <input type="checkbox"/> Moderate/Severe Disabilities <input type="checkbox"/> Deaf &amp; Hard of Hearing <input type="checkbox"/> Physical &amp; Health Impairments <input type="checkbox"/> Visual Impairments <input type="checkbox"/> Early Childhood Special Education <input type="checkbox"/> Resource Specialist</p> <p><b>Clear and Professional Clear Renewals</b></p> <p><input type="checkbox"/> Special Education <input type="checkbox"/> Education Specialist <input type="checkbox"/> Reading Specialist <input type="checkbox"/> Other Specialist Specify _____</p> <p><b>Other</b></p> <p><input type="checkbox"/> Sojourn <input type="checkbox"/> Exchange</p>	<p><b>Emergency Permits</b></p> <p><input type="checkbox"/> CLAD Permit <input type="checkbox"/> BCLAD Permit Specify language _____</p> <p><b>Clear and Professional Clear Renewals</b></p> <p><input type="checkbox"/> Administrative Services <input type="checkbox"/> Pupil Personnel Services <input type="checkbox"/> Clinical/Rehabilitative Svcs <input type="checkbox"/> School Nurse Services <input type="checkbox"/> Library Media <input type="checkbox"/> Other Health Services Specify _____ <input type="checkbox"/> Bilingual Specialist</p> <p><b>Other</b></p> <p><input type="checkbox"/> Limited Assignment Permit</p>	<p><b>Child Development Permits</b></p> <p><input type="checkbox"/> Assistant <input type="checkbox"/> Associate <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director</p> <p><input type="checkbox"/> Children's Center Permit</p> <p><b>Designated Subjects</b></p> <p><input type="checkbox"/> Adult <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Vocational <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Special Subjects <input type="checkbox"/> Supervision &amp; Coordination <input type="checkbox"/> Vocational 30-Day Substitute</p>
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**EMERGENCY PERMITS AND INTERNS**

☐ Individualized Internship Certificate    ☐ District Intern    ☐ University Intern    ☐ Pre-Intern    ☐ Long-Term Emergency

County CDS Code \_\_\_\_\_ School District CDS Code \_\_\_\_\_

Charter School/Non-Public School or Agency/Statewide Agency Name \_\_\_\_\_

*Applications for emergency permits, except 30-Day Substitute Teaching Permits, must be filed through the employing agency, which must have an annual Declaration of Need for Fully Qualified Educators on file with the Commission prior to the submission of any applications.*

**COMMISSION USE ONLY**

FP Reject: DOJ/FBI Initials \_\_\_\_\_ Date \_\_\_\_\_ CO Initials \_\_\_\_\_ Date \_\_\_\_\_  
DOJ/FBI \_\_\_\_\_

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### 3. PROFESSIONAL CLEAR CREDENTIAL RENEWAL SELF-VERIFICATION

The holder of a professional clear credential must complete a specific number of planned and approved professional growth activities for each five year renewal. These activities must be recorded on the *Professional Growth Plan and Record* form. The holder of a professional clear credential, except for a Designated Subjects Credential, must also serve successfully on the document for a minimum number of days during the five-year term of the document. This experience must be verified by the employer on the *Verification of Successful Service* form. IF YOU ARE RENEWING A PROFESSIONAL CLEAR CREDENTIAL, the Commission will accept self-verification of the completion of the above requirements. If you choose the self-verification option, you do not need to submit either the *Professional Growth Plan and Record* or the *Verification of Successful Service* with your application for renewal; however, the Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of the application. If the Commission determines through its audit that you did not complete the professional growth requirements, your credential will not be renewed and you may be subject to adverse action on other credentials you currently hold.

I certify (or declare) that I have read the above and completed the following for this renewal of my professional clear credential:

hours of professional growth activities       days of successful service (if applicable)

My Professional Growth Advisor is

Name

(    )  
Phone Number

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### 4. PERSONAL AND PROFESSIONAL FITNESS (All information must be completed each time you apply.)

Answer the questions below by checking "yes" or "no." If you answer yes to any question, you must submit a full explanation using a separate sheet of paper.

- a. Have you ever been dismissed, retired, resigned from, non-re-elected, suspended without pay for more than ten days, or otherwise left school employment because of allegations of misconduct or while allegations of misconduct were pending? ☐ Yes ☐ No
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- b. Have you ever been convicted, including a conviction based on a plea of no contest, of **any** felony or misdemeanor in California or any other place? (**Note: You must disclose your conviction even if the case was dismissed pursuant to Penal Code Section 1203.4**) ☐ Yes ☐ No
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- c. Are you *currently* the subject of any inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state; or have you *ever been* the subject of any inquiry or investigation by a state or federal law enforcement agency or a licensing agency in California or any other state regarding alleged misconduct that involved *children* or took place on *school property*? ☐ Yes ☐ No
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- d. Are **any** criminal charges currently pending against you? ☐ Yes ☐ No
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- e. Is **any** disciplinary action now pending against you in any school district? ☐ Yes ☐ No
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- f. Have you ever had any professional or vocational license or any credential, including but not limited to, **any** Certificate of Clearance, permit, credential, license, or other document authorizing public school service or teaching, privately admonished, publicly reprovved, suspended, revoked, voided, self revoked and/or otherwise subjected to any other disciplinary action for cause in California or any other place? ☐ Yes ☐ No
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- g. Have you ever had **any application** for a credential, including but not limited, to any Certificate of Clearance, permit, credential, license or other document authorizing public school service or teaching, denied and/or rejected **for cause** in California or any other state or place? ☐ Yes ☐ No

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### OATH AND AFFIDAVIT

I solemnly swear (or affirm) that I will support the Constitution of the United States of America, the Constitution of the State of California, and the laws of the United States and the State of California. I hereby certify (or declare) under penalty of perjury under the laws of the State of California that all the foregoing statements in this application are true and correct.

Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

☒ SIGNATURE OF APPLICANT \_\_\_\_\_

BEFORE MAILING, PLEASE REVIEW THE APPLICATION FOR COMPLETENESS.